

INDIANA DEPARTMENT OF EDUCATION
OFFICE OF ENGLISH LANGUAGE LEARNING AND MIGRANT EDUCATION
Individual Learning Plan (ILP)
For Limited English Proficient Students

NAME (last, first) _____ LEP Level 1-5 _____

Enrollment Date _____ Birthdate _____ Grade level _____

IDENTIFICATION:

Home language survey administration date _____ Primary Language _____

Assessment Test used to Determine Level _____

Administered by _____

SCORES: Oral _____ Reading _____ Writing _____

PROGRAM STATUS:

INSTRUCTION

- ☐ Self-contained ESL
- ☐ Pull-out ESL
- ☐ ENL at high school
- ☐ Sheltered Content instruction
- ☐ Native language support
- ☐ Tutorial
- ☐ Other: _____

PERSONNEL

- ☐ Classroom Teacher
- ☐ Bilingual Teacher
- ☐ ESL Teacher
- ☐ Bilingual Aide
- ☐ Instructional Aide
- ☐ Title I support
- ☐ Other: _____

INSTRUCTIONAL ACCOMMODATIONS: (* designates those approved on ISTEP+)

- | | |
|---|---|
| <input type="checkbox"/> Small group instruction * | <input type="checkbox"/> Reading level adjusted |
| <input type="checkbox"/> Additional time given * | <input type="checkbox"/> Writing adjustments |
| <input type="checkbox"/> Modified lesson delivery | <input type="checkbox"/> Homework modified |
| <input type="checkbox"/> Bilingual resources utilized | <input type="checkbox"/> Alternate quizzes, tests |
| <input type="checkbox"/> Use of primary language | <input type="checkbox"/> Other: _____ |

Please attach copy of student's schedule

INDIANA DEPARTMENT OF EDUCATION
OFFICE OF ENGLISH LANGUAGE LEARNING AND MIGRANT EDUCATION
Individual Learning Plan (ILP)
For Limited English Proficient Students

Last Name _____ First Name _____ DOB _____

Enrollment Date _____ Grade _____ Primary Language _____ LEP Level _____

1. Identification and Assessment:

- Date of Home Language Survey Administration _____
- Approved Test used to Administer English proficiency Assessment _____
- Date of administration _____ (Must be within 30 days of enrollment)
- Oral Score _____ Reading Score _____ Writing Score _____
- Was Parent Notification provided? _____

2. Program Status:

- Type of program _____
(ESL, Bilingual Education, Sheltered Content)
- Daily amount of English Language Development _____
(1 hr minimum daily recommended)
- Program Staff:
Certified Teachers _____
Para Professionals _____

3. Mainstream Modifications:

- Please check all of the following classroom modifications that apply:

___ Modified Lesson Delivery	___ Small Group instruction
___ Additional time given	___ Reading level adjusted
___ Homework modified	___ Writing adjustments
___ Bilingual resources utilized	___ Alternate quizzes, tests
___ Use of primary language	Other: _____

Please attach a copy of student's schedule

Sample C

INDIANA DEPARTMENT OF EDUCATION
OFFICE OF ENGLISH LANGUAGE LEARNING AND MIGRANT EDUCATION
Individual Learning Plan (ILP)
For Limited English Proficient Students

NAME (last, first) _____ DOB _____

Enrollment Date _____ Home Language Survey Date _____ Native Language _____

Student Test Number # _____ LEP Level 1-5 _____ School Year _____

ASSESSMENT OF ENGLISH PROFICIENCY

School Year	Grade	Test Used	Admin Date	Oral Score	Reading Score	Writing Score

INSTRUCTIONAL PROGRAM

Type of Instruction Received (ESL, ENL, Bilingual Ed)	Amount of time daily (1h daily min)	Staff	Certified Teacher or Aide

MAINSTREAM MODIFICATIONS

Please check all that apply:

<input type="checkbox"/>	Modified Lesson Delivery	<input type="checkbox"/>	Small Group instruction
<input type="checkbox"/>	Additional time given	<input type="checkbox"/>	Reading level adjusted
<input type="checkbox"/>	Homework modified	<input type="checkbox"/>	Writing adjustments
<input type="checkbox"/>	Bilingual resources utilized	<input type="checkbox"/>	Alternate quizzes, tests
<input type="checkbox"/>	Use of primary language	<input type="checkbox"/>	Other:

Please attach a copy of student's schedule